

Town of Newtown

PRE-APPLICATION REVIEW

This form is to be submitted with 10 copies of the preliminary site plan. If necessary, additional copies may be requested. The top portion of this form is to be completed by the person submitting the plan.

Please Type or Print Clearly:

Project Name: _____

Location: _____ Tax Assessor Lot: _____

Is Property located in the aquifer protection district? Yes _____ No _____

Type of Project: ☐ Special Exception ☐ Subdivision ☐ Resubdivision ☐ Site Plan

Submitted by: ☐ Property Owner of Record ☐ Authorized Agent ☐ Developer ☐

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____ Phone Number(____) _____

For Staff Use Only

Date of Receipt _____ **Date of Transmittal to Department:** _____

Sent to: ☐ Conservation- Inland Wetlands

☐ Building Department

☐ Planning & Zoning Department

☐ Fire Department

☐ Engineering Department

☐ Highway Department

☐ Health Department

☐ Community Development

☐ Traffic Authority

☐ Tree Supervisor

☐ Other _____

☐ Other _____

Date of Meeting _____ Time: _____ Place: _____

ITEMS TRANSMITTED: _____

COMMENTS: _____
